BRIEF

PRESENTED TO

THE MEDICAL SERVICES INSURANCE ENQUIRY

AT

TORONTO, ONTARIO

ON BEHALF OF

THE UNITED CHURCH OF CANADA

BY THE

BOARD OF EVANGELISM & SOCIAL SERVICE

JANUARY, 1964

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SOME BASIC ASSUMPTIONS AND RECOMMENDATIONS

1. The United Church of Canada, guided by the example and teachings of Christ, regards disease and illness as an affliction to be overcome, and health as a good to be desired as a part of the salvation of the whole man.

2. The United Church is instructed by the teachings of Christ and the apostles that privilege involves corresponding responsibility, that the strong should bear the burdens of the weak, and that we should approach the treatment and care of the sick not from the viewpoint of profits to be gained but as a means of serving our needy neighbour.

3. The United Church of Canada has given practical demonstration of Christian concern for the sick and needy through pastoral visitation carried out by clergy and laity; the establishing of hospitals in isolated communities; by erecting with government assistance and operating some 20 Homes for Elderly Citizens, seven of them established within the bounds of Ontario; by establishing and operating at considerable cost three half-way houses for alcoholics, one of which is situated in the City of Hamilton; by developing a specialized ministry of hospital chaplains, pastoral counsellors, social workers, etc.

4. The United Church of Canada, has at three sessions of its highest court, the General Council, called for the establishment of an integrated, comprehensive and contributory National Health Insurance Program.

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5. The United Church of Canada, through its highest court, has stated its conviction that a Medical Insurance Plan should be universal (including all citizens within its provisions); comprehensive (including various medical and related needs in co-operation with the medical, nursing, dental, pharmaceutical and other related professions); and national (with the various provincial plans co-ordinated in a nation-wide plan.)

6. From its wide pastoral experience the United Church has discoverd that there are three areas of special need in our province, the geographically handicapped, the economically handicapped, and the physical and mentally handicapped by reason of age or chronic or permanent disability.

7. Considering the relatively satisfactory provisions for all aspects of medical care now available to a large percentage of our population, we firmly believe that it is a most immediate and pressing duty of our society to meet more adequately the needs of citizens, who, by reason of isolation, low income or age, or other cause, are receiving sub-standard medical care.

8. The United Church has long stressed and now re-affirms the serious nature of alcoholism and would suggest that the needs of individuals afflicted by alcoholism or drug addiction should be considered in any Medical Care Plan.

9. In requesting a comprehensive and universal health plan the United Church expresses its concern that the imposition of a means test as a conditinn of belonging to such a Plan, would hinder its effectiveness and discourage the self-respecting poor from entering such a scheme if it would imply that they were the recipients of charity.

10. It is submitted that one of the most needed and most effective types of Health Insurance can be provided through health education of the public, so that our people can take proper measures for preventing illness, so that they can recognize early stages of illness and be alert to the importance of seeking medical attention and advice at the earliest signs of illness.

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10. It is submitted that one of the most needed and most effective types of Health Insurance can be provided through health education of the public, so that our people can take proper measures for preventing illness, so that they can recognize early stages of illness and be alert to the importance of seeking medical attention and advice at the earliest signs of illness.

11. It is recommended that adequately trained chaplains be appointed to Hospitals, particularly Mental Hospitals, and recognized as part of the healing service personnel of the staff.

12. The United Church is most willing to co-operate with government and voluntary agencies, as it has co-operated in the past, as we seek to work out the most effective medical services plan and in promoting the health and welfare of all citizens of our province and nation.

RESOLUTIONS
OF
THE UNITED CHURCH OF CANADA
CONCERNING
NATIONAL HEALTH INSURANCE

RESOLUTIONS PASSED BY GENERAL COUNCIL

(a) The Fifteenth General Council, Hamilton, Ontario, September 1952:

"Be it resolved that this Council express its considered opinion regarding National Health Insurance, as follows:

(1) Commend the Federal, Provincial and Municipal governments concerned for progress made to date in providing more adequate health services, increasing the number of hospital beds and in related ways improving preventive diagnostic, remedial and other forms of medical and surgical care and treatment.

(2) Recognize the contribution that has been made by certain organizations and agencies that have promoted voluntary health and hospitalization plans.

(3) Urge all responsible governmental authorities in cooperation with the medical, dental, nursing and related professions to move as quickly as possible to the establishment of an integrated and contributory National Health Plan."

(b) The Sixteenth General Council, Sackville, New Brunswick, September 1954:

The resolution quoted above, passed at Hamilton in 1952, was re-affirmed at this General Council Meeting at Sackville in 1954.

(c) The Nineteenth General Council, Edmonton, Alberta, September 1960:

"Whereas the cost of medical care and treatment is a heavy burden which many are unable to bear; and

"Whereas there are those who are deterred from seeking medical care and treatment because of the high cost involved; and

"Whereas existing medical insurance plans are inadequate to cover all medical needs; and

"Whereas the Sixteenth General Council has endorsed 'an integrated and

contributory national health insurance program':

"IT IS RECOMMENDED THAT THIS GENERAL COUNCIL:

(1) Re-endorse the principle of a National Health Insurance Plan.

(2) Commend the Province of Saskatchewan for steps being taken to implement such a program on the provincial level; and

(3) Urge the Federal government in cooperation with the medical, dental, nursing, pharmaceutical and related professions to establish a comprehensive national health insurance program."

BRIEF OF THE

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to
The Medical Services Insurance Enquiry

at Toronto, January 1964

I

The Position of the General Council

(The Highest Court of The United Church of Canada)

The General Council of The United Church of Canada has affirmed and re-affirmed its position in favour of a National Health Insurance Plan for Canada. In 1952, the General Council resolved in part 3 of a resolution on Health Insurance that the Council "urge all responsible governmental authorities in cooperation with the medical, dental, nursing and related professions to move as quickly as possible to the establishment of an integrated and contributory National Health Insurance program." In 1954, this position was re-affirmed and in September 1960 the General Council, meeting in Edmonton, resolved to "urge the Federal Government in cooperation with the medical, dental, nursing, pharmaceutical and related professions, to establish a comprehensive national health insurance program." (For full text of resolutions, see preceding pages.)

The membership of the General Council of The United Church of Canada, consists of half ministerial and half lay representatives. Those who are members of the ministerial profession have never presumed to tell members of another profession how to do their work. Likewise, this brief is not an attempt by the professional servants of the Church to dictate to other professions. No effort was made in our General Council, nor is there any attempt in this brief to spell out procedures. We do not presume to advise governments about financing this proposed project of Health Services.

On the other hand, the United Church thinks it has both a right and a duty to submit a brief to indicate the relevance of Christian teaching about such principles as the duty of the strong to bear the burdens of the weak.

Our Communion is further of the opinion that the experience in pastoral work provides a basis from which findings and recommendations may be made.

The Christian Church has both an historic and immediate interest and concern. She has a doctrinal and a practical approach. She presents her views partly from her general teaching as she interprets the mind of Jesus Christ for men and society and partly from day-to-day experience.

The day-to-day experience is of a general and a particular kind. The general aspect as noted above, is pastoral visitation. This pastoral work in The United Church is done by some 3,346 ministers in 2,728 pastoral charges with 5,898 preaching points in all parts of Canada. It is undertaken in service to the 4,000,000 Canadians who regard the United Church as their religious Communion. Further, this ministerial pastoral work is supplemented in many ways by the pastoral work of several thousand lay members, some of whom serve on a full-time basis.

In the course of this varied pastoral work among people of every age and economic group much information about human needs, physical, mental and spiritual, is gained. It is not too much to say that Christian ministers of Communions such as The United Church of Canada, more frequently visit in the houses of people than any other professional group.

II

The United Church In the Province of Ontario

The United Church in Ontario is composed of 1,235 pastoral charges, 2,285 preaching places representing 567,350 members and a total of 1,891,388 persons under pastoral oversight. The size of our denomination and the fact that we are represented in every part of the Province, both in urban and rural areas, places us in the position of being able to assess the needs of our people and express a cross-section of public opinion.

III

Guiding Principles

This scriptural and doctrinal statement regarding health services can best begin with a presentation of the principles which guide the Church and underlie the particular judgments to be set forth.

The crucial consideration is that our Lord Jesus Christ healed the sick. After all proper allowances have been made for possible errors in the record, it is beyond doubt that Jesus healed a variety of diseases and disabilities. Twenty-six cases of healing are reported. Jesus'motive was compassion for the afflicted and a desire "that they may have life, and have it abundantly." His acts of healing were a part of his whole mission and served the same basic purpose as his preaching and teaching.

In some instances, healing seems to have taken place through the awakening of an active faith in the afflicted person, in other instances apart from any such participation. Jesus used a variety of "methods" including some that could be considered "medical", though the results clearly flowed from a power in himself rather than from the "methods" he adopted. The individual found a loving attention focussed upon him, and felt himself truly a person in the presence of Jesus, as in the presence of God. There is a special interest in the Lukan accounts of the healing miracles, since Luke was himself a physician.

While there are those who stress Jesus' apparent belief in a relationship between sin and sickness - and we would accept this only in terms of sin being the alienation of man from God, man from man and therefore from himself - the afflicted person was always regarded with compassion, as one in need of a more complete cure, both from disease and sin. In Jesus' mind and in Biblical usage the term "salvation" included health and in some instances "being saved" meant specifically deliverance from disease or disability.

In Luke's gospel we read that Jesus commissioned his twelve disciples and sent them forth to preach, cure diseases and cast out demons. Later he sent seventy other disciples in the same manner. In Acts, Luke reports the contin-

uance of the ministry of healing in the Church after Jesus' death and resurrection.

Throughout the centuries since Christ, the Christian Church has had a continuing interest in health as a part of its total concern for people and as a necessary expression of the mind and spirit of its Lord. It supports the work of healing by every effective means and believes that there is a religious significance in the whole ministry of health even when it is carried on under "secular" auspices. (Although broad philosophic reflections are beyond our present scope, we would note the contemporary definition of religion as a "dimension of depth" related to all of life, springing from an attitude of "ultimate concern." Paul Tillich) We particularly approve the movement to consider health as a social concern; when sickness or disability strikes is surely a time when the individual stands most in need of the support and help of his fellows, and to provide for treatment under a comprehensive plan is one way in which the strong may bear the burdens of the weak.

We observe with interest the trend to think in terms of a total person, a unity of "body" and "mind", and we believe this to be in accord with the Biblical conception of man, although the concepts of "body" and "mind" will doubtless continue to be used. We would see health in a broad perspective that includes the meaning and purpose of life. The significance of human existence is realized in ordered and harmonious relationships, of a man with himself, with other men and supremely with his God. We consider the common origin of the terms "whole", "health" and "Holiness" to be significant.

We believe that the Church has a large responsibility for health along the lines already noted: to give moral and spiritual support to the work of healing; to promote concern for health and compassion for the afflicted; to foster a warm supporting fellowship among people in which prayer for the sick is regarded as a duty and a privilege; to keep alive an interest in the total meaning of life; to so minister to men that they may live in or be restored to a right relationship with themselves, with each other and with God.

But what is the relationship of the Church as an institution to health care by medical, psychiatric and similar means? Here, it seems that a large degree of flexibility is called for in the face of varying situations and needs. Throughout the centuries the Church has frequently pioneered in health care, as, for example, in the establishment of hospitals, and through its medical missionaries in areas of need at home and abroad. On the other hand, the Church has found at certain times that its enterprises can best be administered apart from its own institutional structure. Therefore, at any particular time the Church is likely to be found expanding its ministry in some fields and relinquishing its work in others. Still another pattern of activity is a ministry in cooperation with other agencies as, for example, where a hospital chaplain serves as a member of the healing team. At the present time various trends in the work of the United Church are to be observed and will be referred to in greater detail below.

IV

The Church's Relationship to the Committee's Terms of Reference

It is not the purpose of this brief to comment on constitutional questions; neither will it deal with administrative or taxation problems. The brief will include material on the "financial burden" imposed by illness. It will stress the need of further and more effective integration of services.

The main objective of the brief is to present observations based on experience in the following matters:

(1) Health Services Needs with particular reference to:
    (a) the geographically handicapped.
    (b) the economically handicapped.
    (c) the physically and mentally handicapped, by reason of age, disability or other cause.

(2) The Healing Ministry of the Christian Church.

(3) Health Education - Prevention of illness and some other related matters.

(4) Areas of co-ordination between Church and Government - Hospitals, Indian Work, Homes, Half-Way Houses for Alcoholics.

(5) A reference to our Church's work on behalf of alcoholics.

V

Some Areas of Special Need

When the term handicapped is used its reference is generally to persons crippled in body or limited by mental deficiency or lack of adequate education to meet the demands of modern society. On more thought, it is evident, however, that many well-educated and normal people are handicapped. For the purpose of this brief,reference is made to three groups: geographically, economically and physically or mentally handicapped people.

The Geographically Handicapped:

In a day when Canada's population movement is from the rural to the urban areas, it is easy to forget the tens of thousands of our nation's individuals and families who live and work in isolated places. This large segment of our population is to be found in frontier mining, lumbering and farming areas. Indeed, it is not necessary to go outside such a settled section as Southern Ontario to locate isolated sections in which medical services are at a minimum or non-existent.

We believe that an adequate Medical Services Plan would seek to provide adequate hospital, medical, nursing and pharmaceutical services for all areas of our province. Provision should be made for night calls, supply during doctors' holidays and emergency situations. Since ambulance service can be very costly in outlying districts, such service should be provided at a basic nominal fee or such charges taken into consideration in the overall medical costs. We would laud the air ambulance service supported by public funds in the Province of Saskatchewan.

Later in this brief, we give some illustrations of the great need in more isolated areas for more adequate medical and hospital services. The United Church believes such provision will be possible only under a province-wide or national health services program.

The Economically Handicapped:

The United Church of Canada with its many pastoral charges in poorer urban areas, in dockland districts, and in communities of recently arrived immigrants, is well aware of the many problems of Canada's multitude of low income families. With current stress on our mounting gross national product, our affluent and technological society, it is a simple but dangerous thing to lose sight of the poor.

Not everyone gets a fair share of the national income. The Dominion Bureau of Statistics states that for several months of each calendar year from 6% to 10% of the labour force is unemployed. For those with jobs, the average weekly wage in 1962 was $80.55. A large percentage of families are burdened with mortgages on houses, furnishings, cars, etc.

Among the economically handicapped, there are urgent and largely unmet health services needs, though some individuals and families in this group who receive assistance or relief often benefit from free medical services. Still, in the lower income groups, many who try to pay their way are burdened with medical bills. A large proportion endure illness because they cannot pay for medical services. Others find it impossible to purchase prescribed drugs. (It is recognized that many doctors have given a great deal of service for which they knew they would never be paid.)

The urgent need in this general situation to provide better health services can be underscored by a variety of illustrations. Two will suffice.

There is the burnt-out worker who, at the age of sixty years is headed for a scrap heap. At the time of his economic weakness, his need for medical care is likely to be at a high level. He has no insurance. He is short of money. He is ten years from the Old Age Pension requirement - and pension provisions for this category of worker are not uniform throughout Canada. He does not want to beg. He dare not steal. Society must provide an answer to this man and his family because, by his labours as a low-income, and likely an unskilled

worker, he has undergirt our way of life by many years of hard work in mill, mine, factory, at sea, in the lumber camps, on big scale construction.

Again, there is the plight of the non-union person and his family. Of these there are many thousands, indeed a million or two who never had a fringe benefit. They have no medical card - no guarantee of health services. They are penalized because they never achieved bargaining power, but their health services needs are many and acute.

The Physically Handicapped by Reason of Age:

The plight of the chronically ill demands attention now. The need to provide relatively inexpensive bed care for the many older people who do not need much medical attention is an urgent one. There are signs of progress, but the kind of provision required cannot be made available short of a National Health Service.

The United Church of Canada operates 20 Homes for Elderly Persons, seven situated in the Province of Ontario. Her ministers and lay workers visit tens of thousands of senior citizens in their own humble abodes. We have been unable to establish Infirmary care in conjunction with our Senior Citizens Homes, because of limited funds. We believe the Government, through taxation, should provide for such Infirmary care for our Senior Citizens.

Even with the Old Age Pension and probably a little in the way of private means, many an elderly individual or married couple has little in the way of extra current or capital funds. For many the month's leeway is ten to twelve dollars. Their penury is made public as they shop at a groceteria. A loaf of bread, a pint of milk, a small portion of hamburger, a cabbage or a turnip, some jam - that's the lot to be run up on the money machine, the cash register. Not much leeway left for health services.

The United Church strongly recommends that there be a better deal for the elderly Canadian. His or her chief need is a more adequate and available program of health services. Much credit in this regard is due the medical profession

for increasing interest in geriatrics. The need, however, is money to finance a well planned program of health services.

The Church has a concern, too, for the chronically ill of all ages. Probably because cases of chronic illness are more rare among the young and middle-aged, when these cases do exist there is often no place for them, except in institutions for elderly people, and these institutions do not meet their need, either physically or psychologically. A Christian society must accept responsibility for the care and training of the Thalidomide baby, the deformed child, the retarded child, the blind, the deaf, etc.

The United Church believes that society as a whole must provide enlightened treatment of the mentally ill. Some doctors report that more than 50% of their patients suffer from emotional and mental disturbance, rather than strictly physical ailments. A Medical Services Plan should take into account such mental health needs in the training of doctors and nurses,in the building of Mental Hospitals and General Hospitals, in the payment for treatment and drugs, in the education of the public in proper attitudes toward mental illness.

VI

The Healing Ministry of the Christian Church

The earlier statement on New Testament teaching sets out the divine imperative to the Church to do a pastoral work of a varied kind to meet human need at the physical, mental and spiritual level.

As modern medicine continues to be both an art and a science, it is natural and right that the contribution of the Church should be chiefly related to the art of medicine. Here the relation of health, wholeness and holiness is both apparent and creative.

As pointed out earlier in this part of the brief and supported in the appendix, the United Church's contribution is made in a general way and also along some particular lines.

The word "pastoral" describes the general service. This form of ministry to individuals and families within the structure of the church is old, established and an essential part of the church's work. In assessing our Province's Health Services, however, the United Church would offer to carry her share of the ministry outside the structure of the church by providing such services as pastoral counselling. At several centres across our country including Toronto, ministers trained in pastoral counselling have been taken on the staff of a church or group of churches and provide a service to disturbed people on the basis of need rather than denomination or creed. In Toronto the Rev. Dr. Mervyn Dickinson, a graduate of the Menninger Clinic, Topeba, Kansas, spends most of his time on the staff of the Ontario Hospital, 999 Queen St. West and the remainder on the staff of Kingsway-Lambton and Royal York Road United Churches doing special counselling work.

The United Church has appointed a number of full-time or part-time chaplains to visit in General Hospitals. We again urge that fully accredited chaplains should be regarded as a part of the healing team.

More chaplains need to be appointed to the staffs of Mental Hospitals. In this field need is recognized for an authoritative and representative body, such as the Canadian Council of Churches to provide names of accredited persons to serve as chaplains in Mental Hospitals. The United Church believes that such accredited chaplains should be given their rightful status and adequate salaries not unlike those of medical staff members.

The church sees a close connection between spiritual, mental and physical well-being and believes that continued research into the relation of spiritual and medical aids to healing is urgently needed. As our society becomes more pluralistic and as tensions multiply there is need to understand in a more

complete way and more deeply the strains and worries of life out of which not a few serious functional disorders issue. Inter-professional consultation of physicians and clergy are most desirable; also conferences involving doctors, ministers and other church workers, social workers, nutritionists and others, integrating their services in the treatment of the whole person.

VII

Health Education of the Public

In our society, personal and public assistance to the physically blind is seldom denied. Unfortunately, adequate assistance is not provided for those of us whose attitudes and practices in the prevention of disease are blinded by ignorance on prejudice. These attitudes and practices are deeply embedded in our folkways and mores and some of our existing culture patterns. We draw attention to the consuming habits of our people as moulded by the medicine men of Madison Avenue.

It is not at all easy for Departments of Public Health and the voluntary efforts of the organized medical profession to effect worthwhile change in our individual mode of living. Tobacco sales are increasing in spite of anti-smoking campaigns. In a less complex age the family doctor was indeed a health educator. Few of us now have the privilege of being influenced by such a benign dictator. As laymen we may be pardoned if we express concern that the great strides made in the cure of disease do little to reduce the already heavy burden on the physician's time and number of hospital beds needed. Fund-raising campaigns associated with a specific disease on handicap deserve and receive widespread public financial support. The preventive activities of governmental departments of health, and medical faculties of our universities, receive, we believe, too little public recognition. Likewise, those non-governmental organizations such as the Red Cross, the St. John Ambulance Association and the Health League of Canada, have worked most effectively within the limits of their financial resources.

As a church and as churchmen we do not absolve ourselves from criticism that we have paid relatively too much attention to the consequences rather than to the causes of personal distress. We, like others, have also been too little concerned with the whole man.

Returns from our church's surveys show the need of education of mothers in nutrition and the care of children and for the public in general in making use of existing public health services. The church endorses a physical fitness program based on creating conditions of health and well-being for everyone rather than the promotion of professional spectator sports.

VIII

Areas of Co-ordination Between Church and Government

Hospitals, Indian Work, Homes, Half-Way Houses for Alcoholics

The United Church of Canada has co-operated with governmental agencies in the running of hospitals, homes for elderly citizens, homes for unwed mothers, Indian schools, half-way houses for alcoholics, etc.

As noted earlier, the need to provide more adequately for elderly persons who are ill is an exceedingly urgent matter. Many of these fellow citizens are alone. Not a few are frightened. Some become ill from worry. The plight of the elderly persons who are ill is a sad and sorry one.

Reports from more isolated sections of our province emphasize the extra costs of medical and hospital care in such communities. It is claimed that a family's financial outlay for travel, hotel accommodation, baby sitter to take a mother's place - often add up to more than a medical bill. Should not such extra costs be included in the over-all medical bill and some subsidy be granted from a Medical Care Plan?

Work With Indians

The Christian Churches and the Federal Government have a long established and close relationship in providing education and health services for Indians.

The United Church strongly supports endeavours to integrate the Indian population with other Canadians, not only in health services but in schools and community life. Such integration would involve the Federal Government handing over certain traditional responsibilities in the field of health services and education to Provincial Governments. The church's chief responsibility will be in the area of developing attitudes of respect, concern and acceptance of our Indian neighbours.

Care of Alcoholics

Alcoholism now ranks high as a disease in Canada. It is reported by the Alcohol and Drug Addiction Foundation of Ontario that there are alcoholics in Ontario. The rate of alcoholism is increasing in spite of the good work of established alcoholism research foundations. On the average each alcoholic causes concern and often hurt and suffering to 5 or 6 other persons: husband to wife and children; mother to husband and children; children to parents and so on. Surely this is a serious social problem which deserves the attention of responsible leaders and citizens.

The United Church stresses both the educational and legislative approach to this subject. Our Communion has recently published a major report on The Church and the Alcohol Problem, the result of three years' research and study.

The United Church has established half-way houses for the rehabilitation of alcoholics, including Bold-Park Lodge, Hamilton. These lodges work closely with Alcohol and Drug Addiction Centres, hospital, medical and social work agencies.

Our concern at this point is to stress the serious nature of alcoholism as a major subject in the general field of health services needs. We urge that the needs of alcoholics and drug addicts be taken into consideration in our provincial medical health plan. What the church and government are now doing on an experimental basis in the treatment of alcoholics and drug addicts must become an integrated part of a comprehensive medical services program.

Conclusion

As representatives of the United Church of Canada we welcome this opportunity of expressing some of our views on a comprehensive national health insurance plan and on our Christian responsibility in the care and treatment of the sick and needy. If, in your wisdom you find that we have not met our responsibilities, or have accepted them in an inadequate manner, or have assumed responsibilities which we should not have assumed, may we now say that the United Church of Canada will welcome your views and will give them earnest consideration for positive action.

APPENDIX "A"

IN NORTH WESTERN ONTARIO:

Mr. J. Firmin, lay-supply, the United Church, Hornepayne, reports:

(1) "Hornepayne is a railroad town in North Western Ontario. A new hospital with 16 beds has been built for the 1,800 population. It has one doctor to attend to the patients here and to all the rest of the medical needs of the community. The new hospital cares only for obstetrical cases and minor illnesses. Seriously ill patients requiring surgery have to go to the Lakehead, 360 miles away. There is no train service so these patients have to go over fifty miles of gravel road to begin the journey. There is no proper ambulance so that station wagons are used to transport the patients.

"The next nearest hospital to Hornepayne is at Hearst, 90 miles away. Here also is the nearest doctor. Should the Hornepayne doctor be ill or away from town, patients go to Hearst which has a hospital of 35 beds.

"Stories are told of the impossible situation when patients are seriously ill, the temperature at 55° or even more below zero, and the impossibility of their getting proper attention due to the isolation of the community.

"Young doctors are not attracted to such a community as this. Its problem as regards medical services is isolation."

(2) "Armstrong, another railroad town of about 500 residents, has no resident doctor. Their last doctor left in 1959; at present the nearest

doctor is at Sioux Lookout, 130 miles away. The only communication is by railroad or air and there is no ambulance service. There are no medical services such as immunization innoculations for children. A C.N.R. travelling dental clinic sometimes serves communities along the railroad. Again the problem is isolation. Most of the residents are covered by hospitalization plans chiefly by the railroad."

APPENDIX "B"

IN THE DOWNTOWN AREA:

From the Woodgreen Community in downtown Toronto, an area rated economically as the second lowest in the city, Mr. N.A. Millington, Executive Director of Woodgreen Community Centre, makes these recommendations as to health needs:

(a) Education and Interpretation:

"The health of the entire community is affected because people are not aware of the basic rules of health; or of the health services available to them. It would appear that the greatest health service needed is some method of home training for parents and children. There are serious needs for dental services. While the public school provides dental inspection twice yearly, the treatment is the responsibility of the parent; and it is found that frequently finances or fear or the lack of parental concern along with the lack of readily available dental services result in a child receiving no dental care.

(b) The staff at Woodgreen Centre are concerned about the Mental Health problems in the area; and they feel that a Mental Health Clinic is needed in the immediate community.

(c) It is also felt that an Out-Patient Medical Clinic is needed in the community - the problem of transportation to existing services is a deterrent to families seeking assistance.

(d) How the Church Can Promote Health Services:

"The Church - in this case the Church and Woodgreen Centre working together - has a unique opportunity to develop a program of health education because the Church is already accepted in the community." Mr. Millington says, "In interpreting its concern for the adequate care of mind and body, the Church could bring to its people more knowledge of health rules and existing health services.

(e) Since some health services available to the economically unfortunate are not used because they seem to have a stigma of charity, and because it is a principle of the Church that economic need must not be allowed to destroy human dignity, we need to provide health services in such a way that no stigma is attached to the recipient."

APPENDIX "C"

THE IMMIGRANT LABORER:

It is generally known that the unskilled laborer is the first worker to suffer in periods of low employment; even in normal times he is frequently out of work. And the immigrant laborer is frustrated further by the difficulties of language and adjustment to life in a strange country. From the Rev. Michael Di Stasi, minister of St. Paul's Italian United Church in Toronto, we have these observations on the problems of the largest group of Canada's unskilled labor force, immigrants from the depressed parts of Southern Italy:

(1) The Language Barrier:

When these men come to Canada, unable to speak for themselves in English, they usually try to get an established Italian Canadian to find work for them in construction or road building. They have no assurance of steady employment and many employers do nothing to make them eligible for unemployment insurance, so when they have no work they have no income. If later they discover this unfairness they make no protest for fear of being laid off entirely.

(2) Poor Living Conditions, Poor Health:

Because they must live as cheaply as they can, the newly arrived immigrants crowd into a house where every room is a bedroom. They don't want it this way. As soon as a man can, he buys or rents a house and sub-lets every spare room, trying to save towards having a real home. In times of low employment men may work for fifty or sixty cents an hour, walking miles to work to save carfare. Often the wife helps by earning a little at some menial job. (It should be stated here that Church people and others interested are pressing the young people into getting an education and training for skilled trades.)

Overcrowding, unemployment, lack of necessities, anxiety and depression have their effect on health so there is sickness in the immigrant families. And people at their income level cannot provide any pre-paid medical service.

(3) Government Hospital Plan Helps:

In Toronto, for example, 95% of the immigrant laborers have subscribed to the Ontario Hospital Plan. The ministers of the United Church and the clergy of other faiths as well, have been aggressive and persistent in getting them to take this protection. And Mr. Di Stasi commends the Government for keeping its hospital services before the people through continuous advertising in foreign language newspapers. The new out-patient treatment, he believes, will be of very practical help to the working man and his family.

(4) Accidents:

The Canadian record of accidents to laborers in such work as construction and mining is a black spot in our health picture. And we would suggest that the Commission on Health Services recommend that laws governing safety measures in industry be xtrictly enforced; that measures for accident prevention in industrial work be under continuous study with revision when advisable; and that efforts be made on the job and through the media of radio, television and press in local areas to educate workers to a greater sense of responsibility in their particular occupations for the safety of themselves and others.

APPENDIX "D"

RESIDENTIAL HOMES AND INFIRMARY CARE:

There are now 1,000 persons in United Church Homes and the past year has seen the highest forward surge in new and better accommodation for elderly people.

We have 20 residential Homes for senior citizens.

From our experience with our Church Homes we have learned:

(1) that life in an Insititutional Home providing as nearly as possible the conditions of a congenial family home can be very effective in improving and prolonging the mental and physical health of the aged;

(2) that a residential home for elderly persons should have an infirmary or at least some provision for the care of temporary illness;

(3) that the choice of staff is most important - work with the aged requires dedication and an aptitude as well as training;

(4) that there are not enough Homes to take care of the aged and chronically ill who need them.

A HOME FOR SENIOR MEN:

In 1961 the United Church opened its first home for older men in downtown Toronto. This Fred Victor Mission Home for Senior Men is a boarding home with accommodation for sixty-five men. The Government has set the rate at $3.40 per man per day, the Government paying three-fourths of this cost. The home is open to men of all faiths. The building is new; the rooms are pleasant and comfortable with furnishings attractive and easy to care for. The meals are good and are planned to meet the health needs and, as far as possible, the tastes of older people. About the only restrictive rule for the residents is that they must not bring liquor into the building; smoking is permissible anywhere except in the bedrooms.

Perhaps the greatest asset in the project is the man in charge of it, Rev. J.I. MacKay, an able administrator and a man of understanding, sympathy, dedication and a sense of humor. The matron and the entire staff seem especially adapted to making the residence a homelike place for homeless men. As with all our homes we have found the choice of staff most important.

These are some of the things we have learned from our brief experience in this undertaking:

(1) Older men like to stay in a locality they know. If they have spent most of their lives in a downtown section of the city, they are likely to be lonely in an area where they cannot walk out on familiar streets. Some men have come to our home because the institution where they had been living was moving "farther out."

(2) The health of older men who have been living in a room and boarding themselves or depending on such restaurant meals as they can afford, improves remarkably with a change to the good, regular meals, the companionship and the pleasant surroundings of a well-run home. These conditions are helpful, too, in overcoming drinking habits.

(3) With age bringing its inevitable wearing out, it is to be expected that older people will occasionally require medical attention; and not infrequently illness comes on suddenly. So it is important that an old people's home should have a doctor on call at any hour. We now have such an arrangement with a doctor who also visits the home periodically for check-ups.

(4) In a home accommodating only sixty-five residents, it is not practical to maintain a full-time nurse; at the same time it is often impossible to get even an urgent case into a hospital; so we have a small infirmary for emergencies and we try to have at least one staff member who is capable of doing routine nursing. It has been suggested that it might be a practical solution for our home and other small institutions if an arrangement could be made with a hospital to have a visiting nurse or an intern supervise the care of patients in their own residence when a hospital bed is not available.

(5) One of the happy discoveries in our home for senior men is the readiness of handicapped people to help each other. A man in a wheel chair may read to one whose sight is failing. A blind man's companionship may comfort one who is depressed or confused. One man in our home, well known as an interviewer on radio and television, has neither arms nor legs - but there is always someone ready to feed him or put him to bed at night. Helping someone else has proved effective psychological therapy for many of our men.

(6) For the mental health of older people, stimulating interests are important. The men in our home look forward to the visits and the entertainment of church groups, especially of young people; but we need more activities involving the men themselves. We have made a beginning with handicrafts; we have games and a library; and we look forward to having more music - singing, perhaps a choral group and an orchestra - even if it consists only of an old-time fiddler and a few men playing mouth organs. Our Thursday evening worship services are well attended and we believe that such religious observances and the Christian atmosphere of the institution contribute significantly to the mental and physical health of the men we care for.

APPENDIX "E"

THE CHURCH'S MINISTRY OF HEALING:

A statement adopted by the General Assembly of the United Presbyterian Church in the United States, under the title "The relation of Christian Faith to Health" gives what we consider a sound appraisal of the place of the Christian minister in the field of health and healing.

(1) Not a Substitute for Professional Care:

The first premise of this report is that the church's ministry to the sick is not a substitute for medical care or professional psychological help; also that it is not the assumption of the New Testament that a vital Christian faith is necessarily accompanied by physical and mental well-being, though there is strong belief in the restorative power of faith in God. Every man will die. It is not until after the body is "sown in weakness" that it is "raised in Power." At the same time nothing is more indicative of the church's fidelity to Christ than her care of the sick and handicapped; and one way in which this care is finding more and more expression is in a closer cooperation between the physician and the pastor.

(2) Health, Wholeness and Holiness:

Advances in the natural and social sciences have led to a new appreciation of the inter-relatedness of body, mind and spirit. Experiments in collaboration between pastors and physicians have led to clinical training programs for pastors. The pastor and the physician are both used by God to effect healing and the relief of suffering. The pastor's training and experience are theological and pastoral; the physician's are scientific and they have their different approaches to the sick. The focus of the physician is the whole person in relation to medicine. The focus of the pastor is the whole person in relation to the resources of Christian faith.

(3) Church Has a Preventive Role:

In the light of present-day understanding of both the Christian faith and the nature of physical and mental illness, most health authorities would agree that the church has a preventive role in the health field: Christian faith and the fellowship within the church, the activities of worship, study and service help to build a constructive philosophy of life, and a way of life which has an incalculable effect on mental and even physical health. The church's part in guiding the family to healthier relationships is also a function of great importance in this field.

(4) Cooperation of Physicians and Pastors:

And there are typical situations which call for close cooperation between pastors and physicians: situations where the family of the suffering person needs help in dealing creatively with the patient; or where the patient has taken a sudden turn for the worse; or where it appears that the patient has a fatal illness; or where he requires spiritual assistance that neither the family or the physician can give. A point is made that whether the visit of the pastor or chaplain to the sick involves prayer or scripture reading or counselling on special problems or the administration of the sacraments, what counts most is that the minister be the means of surrounding the patient with a consciousness of the presence and power of God.

(5) Dangers of Non-Medical Healing Movements:

The report points out the dangers of religious movements that stress non-medical healing - Christian Science, unity and faith healers. "At the same time" the report says, "we believe that they call the church to re-examine the completeness of her witness in ignoring the relationship between faith and health."

(6) Suggestions for a Joint Program of Education:

(a) Interchange of lectures and panels given by pastors to medical groups and by physicians to ministerial groups.

(b) Consultation between pastors and physicians regarding the relationship of faith and health and the practical approaches by which pastors and physicians seek to prevent illness or to facilitate recovery.

(c) Education of pastors and people on the relation of faith and health, through sermons, books and articles.

(d) Extension or post-graduate courses in this field for pastors and physicians.

(e) Cooperation of pastors and physicians with chaplains in institutions including mental hospitals.

(f) Instruction of medical students in the value of cooperation between ministers and physicians.

(g) Instruction of nurses in training concerning the importance of compassion in their work and their opportunities for natural Christian witness.

(h) Discussion groups for pastors and physicians dealing with such subjects as the relationship of modern psychiatry to Christian theology; the meaning of anxiety; alcoholism; the preparation of a patient and his family to accept chronic illness or death; adjustment to handicaps; pre-marital counselling; the moral aspects of birth control, sterilization, abortion, artificial insemination, homosexuality, masturbation, euthanasia and other subjects of mutual interest in the health field.

APPENDIX "F"

HEALTH EDUCATION AND PREVENTIVE WORK

CHILD HEALTH AND HOME CARE:

Our questionnaire on the health needs of the economically handicapped brought these comments:

(a) From Mr. N.A. Millington, Executive Director Woodgreen Community Centre, Toronto, OntaripL "There was complete agreement of the staff that the health of this entire community is affected because the people are not aware or have never been taught the basic rules of good health. Similarly they do not appear to know about the health services available to them. It would appear that the greatest health service needed is some method of home training for parents and children.

"We have available some services to the economical unfortunates but some people feel that the use of these services has the stigma of charity. We need to provide health services in such a way that there is no stigma attached to the recipient."

(b) From Rev. Frank Legras, United Church Hospital Chaplain, Ottawa, Ont.:

"There is much physical suffering in remote areas because of insufficient instruction on hygiene, first aid, symptoms of sickness, healing methods, drugs, maternity and education. Instruction through radio, television, films or lectures by public health nurses or school nurses can be very effective..... The economically handicapped, particularly, need instruction on how to prepare good and cheap meals....."

(c) From Rev. A.H. Dynard, farmer and United Church Minister, Staffa,Ont.:

"Most rural people still consider their state of health as being their own concern. They do not feel that they have a responsibility to the nation to keep in the best physical condition. A complete national health plan would change this thinking. They now accept hospital care as their right. Many rural people are neglecting full medical care because of the cost or because they do not feel it is important."

LOCAL SELF HELP:

(1) Use of Available Services:

The rural women's groups cooperate with their County Health Units in a program of education and preventive work. They arrange to have doctors and nurses from the Health Unit address public meetings. Many groups organize baby clinics and child clinics for immunization against childhood diseases. There is no stigma of charity associated with these clinics because all the mothers in the community bring their children. Under the direction of their County Health Units a few women's institutes have held pre-natal classes. And it is a rather common practice for the Women's Institute and an occasional Junior Farmers' Association to canvass the community to get the people out to a Chest X-ray Survey. It has been suggested that churches might sponsor child clinics or other health clinics where there is need of them.

(2) To Guard Against Misuse of Services:

This note from Rev. Robert Wright of All People's Industrial Parish, Welland, indicates the importance of a national health service being so planned as to prevent its misuse and to save the self respect of the participants. There may be a need here for the education of the public too. Mr. Wright says:

"The person on welfare usually ends up a degraded human being who takes full advantage of everything he can in the way of 'free services.' The administration of the plans we now have seems woefully inadequate. It permits exploitation by those who have never had scrupples, while others are too proud to come for help until it is too late. There is no co-ordinated program in our city under which various social and welfare agencies would pool resources to serve the whole person."

THE CHURCH AND PHYSICAL FITNESS:

In a brief presented to the Ontario Physical Fitness Study Committee, The United Church of Canada went on record as saying that from the Statement of Faith of the church and the teaching of the New Testament, the church believes "That it has a responsibility to teach people that the gift of God in the human body is to be treated as a sacred trust; that each human being has a social responsibility so to live that he shares in creating the conditions of health and well-being in which all human beings can share."

(1) Encouraging Features:

The brief noted these encouraging features in our present situation:

(a) Many towns and cities already have excellent facilities for team games and sports.

(b) Parks, playgrounds, skating rinks are on the increase.

(c) Swimming pools are on the increase though many are overcrowded.

(d) Industrial concerns have provided sports grounds and other equipment for their staff.

(e) A large number of new Christian Education Buildings include gymnasia.

(f) Provincial and municipal governments have provided facilities for camping and leadership training for camp work.

(g) Churches, service clubs and social service are providing more permanent camps for children and young people.

(2) Less Encouraging Features:

(a) In our competitive society the idea of "the game for the game's sake" is almost unknown.

(b) Commercialism creeps into spectator sport. Many people watch games being played by professionals; too few play themselves.

(c) Community organizations sometimes use team games for the prestige they may bring to the community. The brief says, "Community clubs and even churches may not be so much interested in physical fitness as in using games and sport to increase interest and membership in their organizations."

(d) Where team games are placed on a professional level the expense becomes excessive and the real purpose of the sport is lost in the scramble for success.

(3) What Might Be Done:

(a) The church would insist on the relationship of physical fitness to the whole of life.

(b) Would maintain that the worthwhileness of individual achievement, no matter how meager the success, must be encouraged as being superior to the idea of team achievement, no matter how spectacular. There should be more participation in sports by ordinary people as there is in Europe.

(c) Leaders should be trained in basic principles which would ensure that physical fitness is understood to include the whole of life physical, mental and spiritual. And in order to encourage voluntary leaders for community and church groups, leadership training courses should be offered, perhaps with provincial government grants to enable people to take these courses.

APPENDIX "G"

THE NEED FOR MEDICAL AND DENTAL SERVICES:

Rev. G.W. Winch of Oak Ridges, Ontario, a community within 20 miles of Toronto on a main thoroughfare, with a population of over 4,000 persons, reports as follows:

"For all of their medical or dental services it is necessary to travel several miles to a neighbouring centre, or to ask a doctor to come from that distance to make a house call.

"The reason there is no medical person, would seem to be that the community contains a large number of people who are living in depressed housing on fairly low incomes. I feel that our community could be better served by having its own doctors and dentists, but that it would be financially hazardous for any to locate here.

"I have come across several instances where medical help was not summoned because of the lack of ability to pay for it. This is not a criticism of the medical or dental profession for I know personally that many people in this community owe significant amounts of money for past services received. And certainly I have no doubts at all that these same doctors and dentists do not hesitate to come when called, even though they cannot hope to see their account settled.

"Particularly in regard to dental work there is a great deal that could be done for the children here in education and in dental care that is neglected, and I am certain that money is a factor in this neglect.

"I feel that a prepaid plan with inclusive coverage would result in better medical and dental care here and would also be much fairer to those doctors who are unable to collect for their services."

APPENDIX "E"

THE NEED FOR MEDICAL AND DENTAL SERVICES:

The Rev. G.M. Minch of Oak Ridges, Ontario, a community within 20 miles of Toronto on a main thoroughfare, with a population of over 5,000 persons, reports as follows:

"For all of their medical or dental services it is necessary to travel several miles to a neighbouring centre, or to ask a doctor to come from that distance to make a house call.

"The person there is no medical person, would seem to be that the community contains a large number of people who are living in depressed housing on fairly low incomes. I feel that our community could be better served by having its own doctors and dentists, but that it would be financially impossible for any to locate here.

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